SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS		Use separate schedule for each category of to Detailed Summary Page	e(s) (ch he	PR LINE NUMBER: PAGE 79 OF 130 eck only one) X 17	
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.					
\rangle	NAME OF COMMITTEE (In Full) Langevin for Congress				
۹.	Full Name (Last, First, Middle Initial) Amica			Date of Disbursement	
	Mailing Address 100 Amica Way			02 24 2015	
	City State Lincoln RI Purpose of Disbursement Auto Insurance Candidate Name Office Sought: House Senate Primary President State: District: Full Name (Last, First, Middle Initial)	r: 2016 General	ategory/ Type	Amount of Each Disbursement this Period 149.40 Transaction ID: VPEBZ9TR9P3	
3.	Mailing Address 15 Greenville Rd			Date of Disbursement M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City State North Smithfield RI	Zip Code 02896-7519		Amount of Each Disbursement this Period	
	Purpose of Disbursement Payroll Candidate Name Office Sought: House Disbursement For: 2016		Category/ Type 680.17 Transaction ID : VPEBZ9TS1P3		
	Office Sought: House Disbursement Form	General			
Э.	Full Name (Last, First, Middle Initial) Seth M. Klaiman			Date of Disbursement	
	failing Address 2 Sweet Fern Trl			01 02 2015	
	-	ip Code 02874-2353		Amount of Each Disbursement this Period	
	Candidate Name	Ca	ategory/ Type	Transaction ID: VPEBZ9TRBR3	
	Office Sought: House Senate President Primary Other (s	General			
	State: District:			988.79	
S	IIRTOTAL of Disbursements This Page (optional)				

TOTAL This Period (last page this line number only).....